

EXHIBIT A



Hackensack
Meridian Health

Annjo (MRN 104084483) Encounter Date: 11/06/2020

Annjo

MRN: 104084483

Robert J Morin, MD

Operative Report

Date of Service: 1/7/2021 0:00

Physician

Signed

Specialty: Plastic Surgery

Signed

SURGEON: Robert J. Morin M.D.

CO-SURGEON: N/A

ASSISTANT: N/A

ANESTHESIOLOGIST:

DATE: 01/07/2021

OPERATION:

1. Removal of ruptured left breast silicone implant.
2. Left breast capsulectomy.
3. Left pectoralis major muscle flap reconstruction of acquired deformity of reconstructed left breast.
4. Immediate left breast reconstruction using a 700 mL smooth round moderate plus Mentor silicone implant.
5. Placement of AlloDerm acellular dermal matrix, 8 cm x 16 cm, left breast.

ANESTHESIA: General endotracheal

PRE-OP DX:

1. Left breast grade 4 capsular contracture.
2. Family history and high risk for breast cancer, status post bilateral mastectomy and implant-based breast reconstruction.
3. Acquired deformity and asymmetry of reconstructed breasts.

POST-OP DX:

1. Left breast grade 4 capsular contracture.
2. Family history and high risk for breast cancer, status post bilateral mastectomy and implant-based breast reconstruction.
3. Acquired deformity and asymmetry of reconstructed breasts.
4. Ruptured left breast silicone implant.

SPECIMENS SUBMITTED TO PATHOLOGY: Left breast ruptured silicone implant and left breast capsule.

DRAINS: Included a #10 JP drain in the left breast.

ESTIMATED BLOOD LOSS: Approximately 30 mL

INDICATIONS: This is a 61-year-old female with a family history of breast

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cancer and a high personal risk of breast cancer who elected to have a bilateral mastectomy several years ago. Implant based reconstruction was subsequently performed by another surgeon and over the last few years, the patient's left breast became painful, firm, and visibly deformed. On examination, she was found to have grade 4 capsular contracture of her left reconstructed breast. It was therefore indicated to take the patient to the operating room in order to perform the above-mentioned procedures.

Prior to the procedure, all possible risks, benefits, alternatives and complications were discussed with the patient at length during the course of several preoperative consultations. The patient had an opportunity to ask questions. Once all of her questions were answered and once she fully understood all of the possible risks and complications, which included but were not limited to infection, bleeding, injury to nerves, injury to deeper and surrounding structures, poor wound healing, poor scarring, breast deformities, breast contour irregularities, breast asymmetry, overcorrection, under correction, recurrence of the capsular contracture, failure of the muscle flap, an unacceptable cosmetic result, infection and contamination of the implant and/or the acellular dermal matrix and the need for multiple additional surgical procedures in the future including removal of the implant and the acellular dermal matrix, the patient agreed to proceed with the surgery. Therefore, informed consent was obtained.

PROCEDURE: The patient was correctly identified in the preoperative holding area of Hackensack Meridian Health Center's outpatient operating room. Informed consent had previously been obtained, however, it was obtained again for the hospital records. The patient's breasts were then marked with the patient in the standing position and a nurse in the room. Once all markings were made, the patient was transferred to the operating room and placed supine on the operating room table. General anesthesia was induced, preoperative antibiotics were given, the patient was properly padded and a marking pen was used in order to mark the planned surgical incision overlying the existing surgical scar involving the left breast. Once all markings were made, lidocaine 1% with epinephrine was injected into and along the proposed incision site. A sufficient amount of time was allowed in order for the lidocaine with epinephrine to take effect and during this time, the patient's breasts and anterior chest wall were prepped and draped in the usual sterile fashion using Betadine.

The procedure began by using a #15 blade scalpel in order to incise along the previously marked and existing breast scar. Once through skin and subcutaneous tissue, the Bovie electrocautery was used in addition to the Metzenbaum scissor in order to both bluntly and sharply dissect down to the level of the breast implant capsule. The pectoralis muscle was noted to be superior and lateral to the incision site and was found to be retracted into the superolateral aspect of the patient's chest wall.

The implant capsule was carefully and meticulously dissected, using primarily the Metzenbaum scissor in order to maintain as much

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subcutaneous tissue on the skin flap as possible. The Bovie electrocautery was used in order to maintain hemostasis the entire time. Dissection proceeded circumferentially around the implant capsule down to the level of the anterior chest wall. Once at the level of the chest wall, the anterior portion of the capsulectomy was performed and the implant was exposed. The implant was immediately noted to be ruptured anteriorly. Sterile towels were therefore used in order to narrowly drape the implant cavity and the implant was carefully removed, taking great care to ensure that the silicone did not leave the implant shell and did not come in contact with any of the breast or chest wall soft tissue.

Once the implant was removed, it was passed off of the operative field and sent to pathology. Attention then returned to the breast implant capsule and the capsulectomy was continued. The entire anterior portion of the capsule was sharply excised using Metzenbaum scissors at the level of the chest wall. The posterior portion of the capsulectomy was then meticulously performed by dissecting the posterior portion of the capsule off of the anterior chest wall under direct vision, taking great care to ensure that the anterior chest wall was not injured and the thoracic cavity was not entered. Once the capsule was excised, it was passed off the operative field and sent to pathology for pathologic evaluation.

Attention then returned to the patient's left breast. The skin and subcutaneous tissue was found to be quite thin; therefore, the decision was made to dissect the pectoralis major muscle in its entirety, based on its pedicle blood supply, and to use the pectoralis muscle flap, in addition to a large piece of AlloDerm, in order to obtain complete coverage of the new implant. Therefore, dissection of the left pectoralis major muscle flap was performed, again using a combination of the Metzenbaum scissor and the Bovie electrocautery in order to maintain hemostasis the entire time. Great care was taken to ensure that the muscle was dissected based on its blood supply from the pectoral branch of the thoracoacromial artery and that the vascular pedical was not injured. At the completion of the dissection, the muscle was found to be well perfused.

Once the pectoralis major muscle flap dissection was complete, an 8 x 16 cm piece of AlloDerm was removed from the sterile packaging, rinsed several times according to the manufacturer's instructions and meshed using a mesher at a ratio of 1.5:1. The AlloDerm was then oriented correctly, placed within the breast pocket and sutured securely to the anterior chest wall along the inframammary fold using 3-0 PDS. Additional sutures were then placed medially and laterally in order to secure the AlloDerm to the edges of the implant pocket.

Once the AlloDerm was sutured securely inferiorly, laterally and medially, a new 700 mL smooth round moderate plus Mentor silicone breast implant was obtained and placed in triple antibiotic normal saline. A #10 JP drain was then placed within the breast pocket. The

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pocket was then irrigated with a copious amount of triple antibiotic irrigation, meticulous hemostasis was ensured and the breast and anterior chest wall was repped using Betadine and redraped using sterile towels. The surgeon's gloves were then changed to new sterile gloves and the 700 mL silicone implant was placed within the breast pocket without difficulty using meticulous sterile technique. Once the breast implant was confirmed to be in the proper position, the superior border of the AlloDerm was sutured securely to the inferior border of the pectoralis major muscle flap. Once all sutures were placed, the implant was completely covered with a combination of the pectoralis major muscle and the meshed AlloDerm.

The skin closure was then begun. 3-0 Monocryl was used first in a buried interrupted fashion in order to meticulously approximate the subcutaneous tissue and deep dermis. 5-0 Prolene was used next in a simple interrupted and running continuous fashion in order to meticulously approximate the epidermis. At the completion of the layered repair, the breast was evaluated. The patient was placed in the sitting position and the breasts were found to be symmetric. The left implant was found to be in excellent position with no deformities or contour irregularities. In addition, the left breast shape, contour and symmetry was found to be excellent and the incision skin edges were found to be well perfused. All reconstructive goals were confirmed to have been successfully accomplished.

Therefore, a bacitracin ointment and Xeroform gauze dressing was applied followed by Kerlix gauze and ABD pads. A sterile JP drain site dressing impregnated with antibiotics was placed overlying the JP drain site and the JP was placed on bulb suction. A surgical bra was then applied.

Once all dressings were in place, the patient was removed from anesthesia, successfully extubated and transferred to the recovery room in stable condition. The patient tolerated the procedure well, there were no complications and all surgical counts were correct at the end of the case. All postoperative instructions were given to the patient, the patient's husband and the patient's nurse including wound care instructions, medication instructions and an appointment to follow up with me in my office tomorrow for her first routine postoperative office visit. The patient was subsequently discharged home in stable condition in the company of her husband.

Cc: Robert J. Morin M.D.

Last signed by: Robert J Morin, MD at 2/20/2021 13:30

Admission (Discharged) on 1/7/2021

EXHIBIT B

Robert Morin, M.D.
EAST COAST AESTHETIC SURGERY, P.C.
Aesthetic · Pediatric · Craniofacial
RobertMorinMD.com

125 Prospect Avenue
Suite 1D
Hackensack, NJ 07601
(201) 488-3422

460 Park Ave
17th floor
New York, NY 10022
(212) 740-7500

Assignment of Benefits

Thank you for choosing Dr. Robert Morin as your health care provider. By taking the time to complete this form, you will help ensure that your doctor will receive payment under your health insurance policy or benefit plan.

I hereby assign to Dr. Robert Morin my right to receive reimbursement for medically necessary health care services provided to me and/or my beneficiary under my health benefits policy. I hereby authorize and direct my insurance carrier to make all such payments directly to Dr. Robert Morin for all claims for such services submitted on or after January 1, 2011. Such payment should be forwarded by my insurance carrier directly to Dr. Robert Morin at the address above, in the form of a check payable to Dr. Robert Morin or, in the alternative, a check payable to Dr. Robert Morin and me, as joint payee. I understand and agree that, if the check is made payable to Dr. Robert Morin and me, that I will promptly take action as requested by Dr. Robert Morin to endorse the check so that Dr. Robert Morin can be paid for services rendered.

In the event that Dr. Robert Morin elects to dispute payment determinations issued by my insurance carrier, their office has permission to file appeals on my behalf. I authorize any member of their staff to act as my designated representative in this matter. I direct my insurance carrier to communicate with their office to resolve the appeal/dispute in an expeditious manner.

I understand that I am financially responsible for payment for all services rendered and agree to pay all charges denied or not covered by my insurance carrier. This assignment and authorization in no way releases me from this responsibility and imposes no obligation on Dr. Robert Morin to collect money on my behalf.

I have read, understand and agree to the above. A photocopy of this assignment shall be considered as effective and valid as the original. This assignment of benefits will be effective until revoked by me in writing. Any revocation shall have a prospective effect only.

Patient's

Name:

(PLEASE PRINT)

Anita P. [redacted]

Patient's Social Security #:

[redacted]

Patient/ Guardian Signature:

[Signature]

Primary Insured's Signature:

(IF DIFFERENT)

[redacted]

Primary Insured's Social Security #:

(IF DIFFERENT)

[redacted]

Date: 8-7-17

EXHIBIT C



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Oxford
PO Box 29130

Hot Springs

AR 71903

PICA		PICA	
1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ID#/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input checked="" type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 84826219401	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) AnnJo		3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) [REDACTED]		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY [REDACTED] STATE NJ		4. INSURED'S NAME (Last Name, First Name, Middle Initial) AnnJo	
ZIP CODE [REDACTED] TELEPHONE (Include Area Code) [REDACTED]		7. INSURED'S ADDRESS (No., Street) [REDACTED]	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature On File DATE 06 28 21		11. INSURED'S POLICY GROUP OR FECA NUMBER EC02801 a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/> SEX b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME Oxford d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) CORRECTED CLAIM 59 MODIFIER ADDED TO CPT 15734		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0 00 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER A112758815	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. T85 44XA B. N65 0 C. D. ICD Ind. 0 E. F. G. H. I. J. K. L.		24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPST Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER 27 2844259 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 2370 27. ACCEPT ASSIGNMENT? (For gov't claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Robert Jason Morin MD 06 28 21 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION Hackensack University Medical Center 30 Prospect Avenue Hackensack NJ 07601 1914 a. 1457456279 b. 1427363951	
33. BILLING PROVIDER INFO & PH # (201) 488 3422 East Coast Aesthetic Surgery NJ 125 Prospect Avenue Suite 1D Hackensack NJ 07601		28. TOTAL CHARGE \$ 123950 00 29. AMOUNT PAID \$ 10755 96 30. Rsvd for NUCC Use 113194 04	

EXHIBIT D



Optum Pay

ROBERT MORIN MD
125 PROSPECT AVE SUITE 1D
HACKENSACK NJ 07601

Oxford Health Insurance Inc
4 Research Drive
Shelton CT 06484
Phone: (800) 666-1353
Payment Date: 02/25/2021
TIN:*****4259
NPI: 1427363951
Payment Number: 12251685
Payment Amount: \$5,255.96

Electronic Provider Remittance Advice

Account Number	Patient Name/ Patient ID			Subscriber ID/ Corrected ID		Rendering Provider		Claim #/Claim Type			Group Policy Number/Product Name
Date(s) of Service	Description of Service	Amount Charged	Claim / Service Adj	Prov Adj Discount	Amount Allowed	Deduct/ Coins/ Copay	Paid to Provider	Adj Reason Code	RMK Code	Patient Resp	
2370	ANNJO 84826219401			84826219401		ROBERT MORIN		CK47819348			
01/07/2021 - 01/07/2021	HC:15734	\$45,600.00	--	\$45,600.00	--	--	--	242		--	
01/07/2021 - 01/07/2021	HC:19340	\$44,950.00	--	\$41,943.74	\$3,006.26	--	\$3,006.26	242		--	
01/07/2021 - 01/07/2021	HC:19371	\$17,950.00	--	\$16,536.00	\$1,414.00	--	\$1,414.00	242		--	
01/07/2021 - 01/07/2021	HC:15777	\$9,950.00	--	\$9,114.30	\$835.70	--	\$835.70	242		--	
01/07/2021 - 01/07/2021	HC:19330	\$5,500.00	--	--	--	--	--	97	N525	\$5,500.00	
Subtotal		\$123,950.00	\$0.00	\$113,194.04	\$5,255.96	\$0.00	\$5,255.96			\$5,500.00	

"--" indicates payer has not supplied this information.

Total Paid to Provider : \$5,255.96

N525 - These services are not covered when performed within the global period of another service.

97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

242 - Services not provided by network/primary care providers.